CLAIMS ONLY		Application Number 10-603351	Filing Date
		Applicant(s)	

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
(1)							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
(8)							58						
9							59						
10							60						
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(12)							62						
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40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep	3		3				Total Indep						
Total Depend	13		13				Total Depend						
Total Claims	16		16				Total Claims						